C-2 Rev. 7/97



CAMPAIGN FINANCIAL DISCLOSURE REPORT **SUMMARY PAGE**

(Please Print or Type)

Section I							
Name of Candidate or Political Co	mulitiee and Chairpe	rson,	010		Office Sought (it	(candidate)	District (if any)
Mailing Address	Check if address	s change.	City and Zip	1 1 115	Home Phone		Work Phone
Name of Political Treasurer	226	2 .	Descry	cost 85a	208-7	5-034	201-684-336
Marsh	- Inch	Wil	e				
Mailing Address	Check if addres	s charge.	City and Zip	100	Home Phone		Work Phone
12 Parker	ans.		Placefor	183201	205-785	-1864	201-789-7899
Section II		٠	TYPE OF R	EPORT			-
Directions: To indicate the	type of report bei	ing filed,	fill in the appro	opriate dates ar	nd check the app	propriate b	ox(es). See the
instructional manual for report	rt is for the period	from	5 109	1.2004 thro	ough <u>Ole /</u>	2410	3004
☐ 7 Day Pre-Primar	-	- 7	Day Pre-Gener	ral Report	☐ Quarterly (A (only filed by)		sure committees)
30 Day Post-Prim	ary Report	□ 30	0 Day Post-Ger	neral Report	☐ Quarterly (J	fulv 30)	
☐ October 10 Pre-G	eneral Report	□ A	nnual Report				sure committees)
Is this Report a	n amendment?	☐ Yes	□ No	Is this a	Termination Re	port?	Yes □ No
Section III	STATEMEN	NT OF N	O CONTRIBI	UTIONS OR I	EXPENDITUR	ES	
Directions: If you had no counter appropriate dates and significant the section IV.	ontributions or ex gn this report. Be	penditure sure to c	es during this re arry forward th	porting period e appropriate	l, check the box "Calendar Year	next to the to Date" fi	e statement below, fill in gures in Column II,
☐ I hereby certify	that I have receiv	red no con		have made no	expenditures di	ıring this 1 	eporting period
Section IV			SUMM	ARY			
To reach your Calendar Yes figures to the Column II fig			report's Colum	n I	COLUMN I This Period		COLUMN II ndar Year to Date
Line 1: Cash on Hand Janua	ary 1, This Year*	•		S	XXXXXX	. \$	
Line 2: Enter Cash Balance	at Close of Last F	Reporting	Period**	s _		\$_	XXXXXX
Line 3: Total Contributions	•	om page 2	2)	\$-	500,00) s_	500,00
Line 4: Subtotal (Add lines	•	_		s	201 -1	\$	500.00
Line 5: Total Expenditures (Line 6: Cash Balance at Clo				<u> </u>	396.51	\$ _	376.54
Line o. Cash Dalance at Cio	se of Period (Sub	macı mie	3 HOIII JUIE 4)	. 3	05.46	3 -d	103.46
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the	he beginn	ing of the repo	rting period ar			
Section V	CONTRIBU	JTIONS	PLEDGED - I	NCURRED E	XPENDITURI	ES	
Contributions Pledged	luring this reporti	ng period	but not yet rec	eived: ZNo	ne 🗆 🖳	(s	ee attached Schedule C-2A)
Incurred Expenditures	during this reporti	ng period	l but not yet pa	id: 🗖 No	ne 🗆 \$	(s	ee attached Schedule C-2B)
	Section VI			CERTIFICA	ATION		
Return This Report To: Pete T. Cenarrusa	1 1	MAR	HA MI	BRide	. her	eby certify	that the information
Secretary of State	in th	ie renort i	(fame of Political	Integration of the same of the			closure Report as
PO Box 83720	9	ired by la			A TOTAL		
Beise ID 83720-0080 fax: (208) 334-2282	requi	neu oy ia	"//////	halle	Maak	14.1	7 % E =
(213,121 2232			Sio	nature of Polit	cical Treasurer	Cus	
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			Page 2		STATE OF STA		YA E
			•		St. Sales)	r:

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period From 09 104 to 4
UNITEMIZI Contributions of Fifty	ED CONTRIBUTIONS Dollars (\$50.00) or Less This Period
Total Number	Total Amount \$
	ZED EXPENDITURES Twenty-Five Dollars (\$25.00) This Period
Total Number	Total Amount \$

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	s
Itemized Contributions (total all Schedule A sheets)	s
Total Contributions (also enter this figure on page 1, Section IV, line 3)	s
Number of Schedule B pages Attached	
Expenditures	
Unitermized Expenditures (less than \$25) from top of page	s
Itemized Expenditures (total all Schedule B sheets)	s 396.54
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 39/254

SCHEDULE B ITEMIZED EXPENDITURES of Twenty-Five Dollars (\$25.00) or more this period

Page	of

Name of Candidate or Committee Column A Column B Full Name, Mailing Address and Zip Code Cash or In-Kind Date of Recipient Check (non-monetary) s 331.14 512110 Purpose of Above Expenditure: s 65.40 Purpose of Above Expenditure: Nec Purpose of Above Expenditure: s 396,54 Subtotals of Columns A & B Total This Page (add columns A & B)